



ONE FORM PER PERSON - PLEASE PRINT
THIS FORM MAY BE DUPLICATED

Participant's Name _____ ☐ M ☐ F Grade _____ Age _____ Birthdate ____/____/____
Address _____ City/State/Zip _____
Email Address: _____ Home Phone _____ Work Phone _____
Parent/Guardian (if under 18) _____ Emergency Contact _____ Phone _____

Does the above participant have any special conditions that the Division of Parks and Recreation should be aware of? _____

Activity #	Class Title	Day/Time	Fee

YOUTH ATHLETICS ONLY

Height: _____ Grade: _____ School: _____

Have you ever repeated a grade? ☐ yes ☐ no

EXPERIENCE HELP

☐ Recreation ☐ Coach ☐ Youth MED ☐ Adult MED
☐ School ☐ Asst. Coach ☐ Youth LRG ☐ Adult LRG
☐ Select/AAU ☐ Adult SM ☐ Adult XLRG

T-SHIRT SIZE

TENNIS PROGRAMS ONLY

Do you need a racket? ☐ yes ☐ no

Ability level:

☐ beginner
☐ advanced beginner
☐ intermediate

Indemnity/Medical Release (SIGNATURE REQUIRED)

I (we) the below-signed certify (1) that we agree to assume all risks in connection with these activities and do hereby release, absolve, indemnify, and hold harmless the County of York, its employees, officers and agents from all liability or damages resulting from these activities; and (2) that the responsibility for carrying appropriate medical plans including hospitalization lies with the below signed.

X

SIGNATURE OF PARENT/GUARDIAN OR ADULT PARTICIPANT

Media Release

I (we) give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official York County publicity, such as York government cable channels, York County internet web site, publications, displays, and presentations.

X

SIGNATURE OF PARENT/GUARDIAN OR ADULT PARTICIPANT